								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOF														
Effective October 1, 2003									10734519					
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			() minus 20=		* Ø			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		* 9			X43=		OR	X86=			
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT		Ď			+145=	145	OR	+290=			
* If	the difference	in column 1 is l	ess than ze	ss than zero, enter "0" in column			_	TOTAL	673	OR	TOTAL			
CLAIMS AS AMENDED - PART II									77		OTHER			
(Column 1) (Column 2) (Column 3)							; 	SMALL E		OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=		X43=		OR	X86=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=			
							L	TÕTAL		ו כו	TOTAL			
	(Column 1) (Column 2) (Column 3							DDIT. FEE			ADDIT. FEE			
		(Column 1) CLAIMS		HIGH	IEST	(Column 3)] [ADDI-			ADDI-		
AMENDMENT B	و	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X43=		OR	X86=			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] -	4.45			.000			
							L	+145=		OR	+290= TOTAL			
								DDIT. FEE	<u></u>	OR	ADDIT. FEE			
		(Column 1)	,	1 <u> </u>										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MON	Total	*	Minus	**		=	Ţ	X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=	┧┞	X43=		OR	X86=			
4	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	T CLAIM		J -				+290=	-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL			
** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter "20." **If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter "3." **OF ADDIT. FEE														
	The "Highest Num	ber Previously Pai	id For (Total o	r Independ	lent) is the	e highest number	er foun	d in the ap	propriate bo	x in co	lumn 1.			